



## **Stanford Hospital and Clinics 25 Common Charges for Services/Procedures**

As of July 1, 2004, in accordance with California Health and Safety Code Section 1339.50 et seq. (2003 CA Assembly Bill 1627), Stanford Hospital and Clinics has made available to the public a list of 25 common services or procedures. Requests to view the CDM and related patient questions regarding the Hospital Chargemaster Program should be directed to the SHC/LPCH CDM Customer Service Liaison at (650) 724 – 1371.

Questions may also be directed to Carole A. Klove, Chief Compliance and Privacy Officer for both SHC and LPCH: Compliance Department and Privacy Office, 180 El Camino Real, Suite V860, Palo Alto, CA 94304, Phone: (650) 724-2572, Fax: (650) 723-3628.

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### **Notice Regarding These 25 Charges**

Many charges contained in this document are subject to various periodic changes in the cost of items subject to vendors, manufacturers and others who supply these items to Stanford Hospital and Clinics. The information provided herein was effective on June 1, 2005. These charges may have changed since this date due to new technology, added or eliminated services, goods and/or procedures, etc. The information contained in this document is specific to this facility.

The charges contained in this document are the same for all patients of this facility regardless of insurance program or coverage. *However, the charges contained in this document do not reflect expected reimbursement*, since health plans negotiate reimbursement rates based on a number of factors. Other issues affecting reimbursement could include whether a procedure was done on an inpatient or outpatient basis, physician orders, complications, and/or medical necessity.

The physician orders, based on his/her examination and treatment of the patient, are the key components to which services and procedures are charged to an individual patient. There are many components that comprise one hospital bill. For example, one short hospital inpatient stay could include surgical procedures, treatment in the emergency department, supplies, pharmaceuticals, numerous tests (i.e., x-rays, laboratory), room and board, respiratory and physical therapy and so forth (all based on a physician's orders). Please note that these charges do not include professional fee (e.g., physicians') charges.

**Therefore, this document should not be used to estimate the final patient cost of a given hospital stay. It is provided for information only.**

**Stanford Hospital and Clinics**  
**25 Common Charges for Services/Procedures**

**Current as of June 1, 2005**

	<b>Service/Procedure</b>	<b>Price</b>
1.	Blood Culture	\$237.89
2.	Chest 1 View	\$281.92
3.	Colonoscopy	\$2,143.63
4.	Complete Blood Count (CBC)	\$45.62
5.	CT Head	\$1,588.69
6.	CT Non-Ionic	\$842.82
7.	ECG Hospital	\$248.10
8.	Echocardiography	\$1,373.06
9.	Emergency Room Level 3	\$972.88
10.	Esophageal Gastric Dilation (EGD) W/Biopsy	\$2,343.92
11.	Exercise/Stress Echocardiogram (ECG)	\$2,502.24
12.	Glucose Testing	\$30.89
13.	Left Heart Catheter	\$9570.19
14.	MRI Lumbar Spine	\$2,650.51
15.	Metabolic Panel, Comprehensive	\$177.52
16.	Minor Surgery Time 1 Hour	\$3,726.00
17.	MRI Brain	\$2,520.00
18.	Prothrombin Time	\$151.03
19.	Platelet Pheresis	\$1,073.00
20.	Right & Left Heart Catheter	\$12,971.95
21.	Room & Care: Intermediate ICU Stepdown	\$6,220.00
22.	Room&Care: Medical/Surgical	\$4,419.00
23.	Room & Care: Intensive Care Unit/Critical Care Unit (ICU/CCU)	\$9,493.00
24.	Trauma Center Moderate	\$4,369.19
25.	Urine Routine-Micro	\$123.78